	Health	Bepartment	t, Outy of	Ballimo	re. do
Permit No.	98333	Office of Registre	ar of Vital S	tatistics.	ard 8
out, to the l	Undertaker or other	any person in a last illness, is person superintending the bury penalty of law.	arial, within twenty-fo	ur hours after the death	of said deceased
	No Ры	r penalty of law.	TAINED WITHOUT A P	HOBER CERTIFICATE.	

CERTIFICATE OF DEATH.

Date of Death,	WAN 120 100/	7
Full Name of Deceased, { Write legibly correctly. If a not named, give of parents.	and spell an Infant we names \ University University May Sm	nith
Sex, Male or Female, {Cross out the word required in this line	not }	
Age, Years,	Months,	O - Days
Color,	While	
Morfied, Single, Whow or Willower	r, {Cross out the words not } required in this line.	- 1
Occupation,		
Birth Place, {State or country, and how tong in the United States, if of foreign birth.	lily -	1/
Duration of Residence in the City of	F Baltimore, Seleine	1/
Place of Death, {Give Street and }	21 Front De	
) First (Primary),	pargestian of Lung	90-
Cause of Death, }		
Second (Immediate),	Donoulleons	
Duration of Last Sickness,	3 days -	
All the above information should be furnished by		
Place of Burial, Horly Choss		211
Date of Burial, March 13th		Mulace MD
(Undertaker, Hewy X. X	Means 1	Medical Attendant.
)		+Didella 4
Place of Business, # 413 &. Flo	ayello de Address, J. Juli	munica.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore. Office of Registrar of Vital Statistics The Physician who attended any person in a last illness, is responsible for the presentation of this Certific to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. e, accurately filled out, eceased, or sooner, if Place of Business, 18

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Bealth Department, City of Baltimore.

Permit No. 9833 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 11- 8	7,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }	Lophia Loos
Sex, Male or Female, {Cross out the word not }	
Age, Years,	O Months, Day
Color, Whife	
Married, Single, Widow or Widower, {Cross out the words required in this lin	not}
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	J.,
Duration of Residence in the City of Baltimore,	Life
Place of Death, (Give Street and) 96 Jowso	n St. (Old) no
Cause of Death, First (Primary), Meast	hitis
Duration of Last Sickness, 9 days All the above information should be furnished by the Physician	 -
Place of Burial, 1th German Unital Gean	hy.
Date of Burial, Mach 13th 1334	Gondstones was
(Undertaker, I'm exicolares	Medical Attendant.
Place of Business, 1715 Alice Ann A	ddress, 9E, Monty onny

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

Health Department, City of Baltimore.
Permit No. 98536 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-jour hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, March 11- 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line.}
Age, Months, Days.
Color, Col.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 41. East St
Cause of Death, { First (Primary), Second (Immediate), Cer Spinal Maningitis
Duration of Last Sickness, 44 day. All the above information should be furnished by the Physician,
Place of Burial, Lanne La metery
Date of Burial, March 13 1887- 1
(Undertaker, MY Mado En Medical Attendant.

F

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twe try-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

ealth Department, City of Baltimore. The Physician who attended any person in a last illness, is responsible for the presentation of this Ceremeate, accurately of the Undertaker or other person superintending the burial, within twenty-jour hours after the death of said deceased, or requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, March 11. $Full \ \ Name \ of \ \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \ ext{correctly.} & ext{if an Infant} \ ext{not named, give names} \ ext{of parents.} \end{array}
ight\}$ Sex, Male or Female, Cross out the word not required in this line. Married, Single, Widow or Widower, {Cross out the words not } Occupation, $Birth \;\; Place, egin{cases} ext{State or country, and how} \ ext{long in the United States,} \ ext{if of foreign birth.} \end{cases}$ Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, $\left\{\begin{array}{l} \text{First (Primary),...} \end{array}\right.$ Second (Immediate), Elevation Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, At Date of Burial,.... unnit gAddress, Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Bealth Bepartment, City of Baltimore.
Permit No. 98558 Office of Registrar of Vital State Ward 16
The Physician who attended any person in a last illness, is responsible for the presentation of this Certaintee, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four four after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, March 12
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line.}
Age, 85 Years, Months, Days.
Color, le olored
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Housekeeper
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Mount 23 years
Place of Death, {Give Street and } 803 Doublew &
Cause of Death, { First (Primary), Second (Immediate), Apopleyy
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Sheepat
Date of Burial, ellarch 13 [587]
(Undertaker, Sarrell & Karry) Medical Attendant.
Undertaker, South Hangy M. D. Medical Attendant. Place of Business, 198 West Address, Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Houlth D.	
Permit No. 28532 Department, Gity of Buttimore. The Physician who attended any person in a last illness, is responsible for the Undertaker or other person superintending the burial, within twenty in the presentation of the Registrary of the Resentation of the Registrary of the Reg	
The Physician who atterned of Registrar of the	
requested so to do, under person superintending the lass, is responsible for the	6-
NO PERMIT FOR BURIAL CAN BE OPTIME TOWN after the death of said decreased	filled out
CEDTITIO PROPER CERTIFICATE	
Date of Death, week (1) CERTIFICATE OF DEATH.	U
Date of Death, Write legibly and spell for parents of percentage of parents. Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents of parents. Sex, Male or Female, {Cross out the word not } Age, 60	_
Sex, Male or Female Cross out the ward	
Age, 60 Years	er.
Color, White Months	
Harried, Single, Widow Will	Days
Married, Single, Widow or Widower, {Cross out the words not }	
Birth Place, {State or country, and how of the United States, } Duration of Residence in the Oil	
Duration of Residence in the	
Place of Death (Give Street	
Cause of Death, { First (Primary), Zyhviil Lever Duration of Last Siehen	
cause of Death, Second of Death,	
Duration of Land Co.	
All the above informess,	-
Place of Burial, Freen Mit Connector	
117 100	
Undertaker, Stewart Munica 1303 Brown	
Medical Attack	
Extract from Regulations of the Board of Hall	
SECTION 2. And he is a City of P. W. City of	7. 7.
twenty-four hours after the death, to the Undertaker or out.	
City of Baltimore. The Physician who attended during his or her last sickness, or the Coroner, when the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cane.	
person deceased, and the cause	
[OVER.]	

Bealth Department, City of Baltimore.

Permit No. / Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Prazeh / B/ STIMON
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 4 Months, Days.
Color, White
Married, Single, Widow on Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, First (Primary), Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, St. Alphymus /
Date of Burial, March 12
S Undertaker, I'l Disspell V Medical M
Place of Business, 151 J. March Address, 655 10 10000

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health .	Pepartment,	City of	Baltimore.
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00/	•
Permit No. 98601	Office of Registra

CEDTIFICATE

Place of Business, 2008 Creuno of Address,

Office of Registrar of Vital Statistics.

OF DEATH

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or support if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CENTITION IE OF DEATH.	
Date of Death. March 11 1889	
Full Name of Deceased, Write legibly and spell Catharina Mullou	
Sex, Male or Female, {Cross out the word not }	
1 /A 7 .	Days
Color, White	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, State or country, and how long in the United States, European	
Duration of Residence in the City of Baltimore, 39 42000	
Place of Death, [Give Street and] 1929 orleans	
Cause of Death, Second (Immediate), Dropsy-Churine Cough	
Duration of Last Sickness, & Proon The All the above information should be furnished by the Physician.	
Place of Burial, Mount Cannel ben	
Date of Burial, 13 March Afficient M. (Undertaker, John Herring Medical Attendant.	D.
Medical Attendant.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Dealth	Mepartment,	City of	Baltimor	re.
Permit No. 78562	Office of Registra	er of Vital Sta	atistics. W	ard Z
to the Undertaker or other person s requested so to do, under penalty of	ny person in a last illness, is res superintending the burial, withi law. T FOR BURIAL CAN BE OBTAIN	n twenty-four hours after	r the death of said de	te, accurately filled out ecceased, or sooner, it
CER	TIFICATE			D
Date of Death,	March 1	2 1/1 188	7	987
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents.	tephan	Legef.	ste
Sex, Male or Fanale, Cross requi	s out the word not }			~ /
Age,	Years,	2 Months	8,	2/ Days.
Color,		While		
Married, Single, Widow o	r Widower, {Cross out the wo	rds not }	1/	
Occupation,			· /	
Birth Place, {State or country, an long in the United State of foreign birth.	d how States,	0.	5	. 0
Duration of Residence in	the City of Baltimore	e, si	nce Bir	The same
$egin{array}{lll} egin{array}{lll} egin{arra$	d) * 902	S. Au	est-	
$ extit{Cause of Death}, egin{cases} ext{First (Prisoner)} \ ext{Second (I)} \end{cases}$	mary),	neumon de		
Duration of Last Sicknes	urnished by the Physician.			
Place of Burial, St. Ch.	phonsus line	;		
Date of Burial, Mail	de 13. 87	of W	9.11	
(Undertaker, Felix	elsroskowith	m /4 .	Medical At	tendant.
Place of Burial, St. Co., Date of Burial, St. Co., Undertaker, Felix Place of Business 175	2 alisanna	ddress, 1409	alice to	unah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]